

SIE-104



AND+C
4-24-03
W. Fisher #11

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

DIRKMANN, ET AL

Serial No.: 09/284,581

Filed: April 15, 1999

For: METHOD FOR HANDLING
SERVICE CONNECTIONS IN A
COMMUNICATIONS NETWORK

Art Unit: 2666

Examiner: MEHRA, Inder P.

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APR 16 2003

AMENDMENT

Technology Center 2600

Box: Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

Sir:


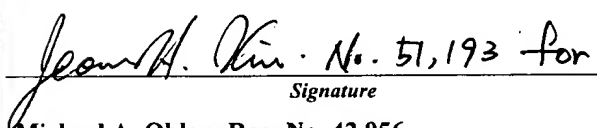
In response to the Office Action mailed on January 13, 2003, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

IN THE CLAIMS:

Please amendment claims 6, 10 and 15 as shown in the attached sheet(s).

2666

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. SIE-104		
Applicant(s): DIRKMANN, ET AL.					
Serial No. 09/284,581	Filing Date April 15, 1999	Examiner MEHRA, Inder P.	Group Art Unit 2666		
Invention: METHOD FOR HANDLING SERVICE CONNECTIONS IN A COMMUNICATIONS NETWORK					
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			APR 16 2003		
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1390 A duplicate copy of this sheet is enclosed.<div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div>					
<div> Signature Michael A. Oblon, Reg. No. 42,956 SHAW PITTMAN LLP 1650 Tysons Boulevard McLean, Virginia 22102 Tel: (703) 770-7900 MAO/JHK</div>			Dated: April 14, 2003		
Customer No. 28970 CC:			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		